

# CLAIMS ONLY

Application Number

09/609250

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/		/										
2		/		/									
3													
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50													
Total Indep			4										
Total Depend			28										
Total Claims													

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						FILING DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/09/250</div>	
APPLICANT(S)							
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2				1		1	
3		2					
4		2					
5		2		2		2	
6		2		2		2	
7		2		2		2	
8		2		2		2	
9	1		1		1		
10		2		2		2	
11		2		2		2	
12				1		1	
13				1		1	
14				1		1	
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100							
TOTAL IND.	2						
TOTAL DEP.	17						
TOTAL CLAIMS	19						